

**Office of the Inspector General for Mental Health,  
Mental Retardation and Substance Abuse Services**

**Hiram W. Davis Medical Center  
Petersburg, Virginia  
Snapshot Inspection**

**James W. Stewart, III / Inspector General**

OIG Report #132- 06

The Office of the Inspector General conducted a snapshot inspection at Hiram W. Davis Medical Center (HWDMC) on June 16, 2006. The inspection was designed to provide an evaluative review of the active treatment program, staffing patterns, and the residential and treatment environment. Review activities included:

- Interviews with 16 members of the administrative, clinical and direct care staff
- Documentation reviews including four consumer medical records and selected policies and procedures
- Observations of active treatment activities
- A tour of the facility was completed

Hiram W. Davis Medical Center (HWDMC) is the only state-operated freestanding medical center. The eighty-bed facility provides skilled, intermediate and acute care services. The majority of persons served are in need of very intensive nursing services. Sixty beds are certified for skilled nursing care. The consumers receiving more acute services are typically persons stable enough to be discharged from an acute medical hospital but still having needs that are too intensive to be returned to regular care on either the psychiatric or training center residential units.

**FACILITY UTILIZATION**

**Admissions to the facility have increased over the past three fiscal years, including the number of other facilities using its services.**

- The total number of admissions in FY04 was 148; in FY05 was 151; and FY06 was 167.
- The number of facilities using HWDMC increased from 8 in FY04 to 11 in FY06.
- Fifty-three percent of the admissions over the past three fiscal years were from training centers (247) and 47 percent from mental health facilities (219)
- The majority of admissions are readmissions – 65 percent in FY04, 74 percent in FY05, and 72 percent in FY06.

- HWDMC does not accept direct admissions from the community. As such, transfers to the facility are not monitored or managed by the Region IV Admissions Committee.
- Most of the referrals (90%) come from the two facilities in Petersburg that share the same campus, Central State Hospital (CSH) and Southside Virginia Training Center (SVTC).
- Admissions from CSH have decreased over the past three fiscal years while the number of admissions from SVTC has increased. Central State Hospital accounted for 68 (46%) and SVTC 61 (42%) of the admissions in FY04; 60 (40%) and 75 (50%) in FY05; 52 (31%) and 99 (59%) in FY06, respectively.

**STATE FACILITIES ADMITTING TO HWDMC / FY04 THROUGH FY06**

<b>FACILITIES</b>	<b>FY04</b>	<b>FY05</b>	<b>FY06</b>	<b>TOTAL</b>
<b>CAT</b>	0	0	1	1
<b>CSH</b>	68	60	52	180
<b>CVTC</b>	2	0	1	3
<b>NVMHI</b>	4	5	3	12
<b>NVTC</b>	0	0	2	2
<b>PGH</b>	8	7	2	17
<b>SEVTC</b>	3	1	3	7
<b>SVMHI</b>	0	1	1	2
<b>SVTC</b>	61	75	99	235
<b>SWVMHI</b>	0	0	1	1
<b>VCBR</b>	1	0	1	2
<b>WSH</b>	1	2	1	4
<b>TOTAL</b>	<b>148</b>	<b>151</b>	<b>167</b>	<b>466</b>

**The majority of persons admitted are discharged back to their originating facilities.**

- Ninety-eight percent (146) of persons admitted in FY04 were discharged; 91 percent (138) in FY05; and 90 percent (151) in FY06.
- Deaths accounted for 7 percent (11) of the discharges in FY04, 7 percent (10) in FY05, and 12 percent (18) in FY06.
- There have been 19 persons transferred to the facility permanently over the past three fiscal years.
- Eight of the 19 persons permanently transferred were from SVTC.
- The average daily census has decreased during the past three fiscal years.
  - In FY04, the ADC was 70 (2 in general medical care, 2 in intermediate care, and 59 in skilled nursing care).
  - In FY05, the ADC 68 (3 in general medical care, 7 in intermediate care, and 58 in skilled nursing care).
  - In FY06, ADC was 63 (2 in general medical care, 7 in intermediate care, and 52 in skilled nursing care).
- The census on the date of the inspection was 63.

**The Average Daily Census (ADC), Average Length of Stay (LOS)\* and Average Cost per Bed Day\*\* for Fiscal Years 2004 through 2006**

	FY 04			FY05			FY06		
	ADC	LOS	Cost	ADC	LOS	Cost	ADC	LOS	Cost
Medical Care	2	10	\$878.29	3	12	\$821.91	2	7	\$1,167.85
Intermediate	9	674	\$232.85	7	334	\$385.86	7	39	\$483.87
Skilled Nursing	59	249	\$350.73	58	197	\$388.72	54	223	\$467.24

\* The length of stay is calculated by dividing the total number of patient days by the number of discharges.

\*\* Costs as reported by the facility.

### **ACTIVE TREATMENT**

**Finding 1: Active treatment is based on the individual needs of the residents and combines intensive medical interventions, ongoing assessments and a variety of programming options to maximize and restore each resident's level of functioning.**

- Four individualized care plans were reviewed during the inspection process. Each care plan addresses the healthcare needs of the residents, outlines interventions for addressing each condition and provides methods for supporting each resident in increasing self-care skills, as appropriate.
- The majority of residents require intensive nursing interventions for the maintenance of basic healthcare, which serves as the primary focus of care. Within this framework, restorative programs are initiated.
- The medical and rehabilitative staff conduct daily morning rounds in order to assess appropriate levels of care and monitor the health status of each resident. This allows staff involved in care to discuss treatment objectives and interventions and to address any immediate care issues.
- Performance improvement activities initiated following the previous inspection have been maintained to assure best practice in the care and treatment of the residents in the areas of fall prevention, wound care, medication administration, physical management and restorative programs.
- OIG Staff observed two group activities on the 2<sup>nd</sup> Floor.
  - One involved three residents with a staff member playing a game of "Fact or Not", which involved responding to questions regarding objects. Visual, tactile and olfactory skills were used in answering the questions.
  - A music group was observed, which involved singing and using instruments. Six residents were included in this group.

**Recommendation: None**

## **STAFFING**

### **Finding 2: Recent initiatives by facility management to increase communication and actively engage staff in programming and decision-making appear to be effective.**

- Staff, in general, reported feeling valued by both facility leadership and their immediate supervisors.
- Staff reported having a number of opportunities for participating in decision-making and planning activities within the facility, including:
  - Employee Forums
  - Regularly scheduled meetings with the chief nursing executive and the facility director
  - Increased involvement with the treatment teams
  - Active participation on committees
  - The facility suggestion box
- Staff reported that the facility conducted a staff survey in 2005 and conducted follow-up discussions during 2006 to share plans for addressing staff issues.
- Staff indicated that the facility has taken steps to address the two primary staff concerns identified in the survey - salaries and communication issues.
  - In addition to the system wide review of RN salaries, HWDMC is preparing a comparative local market study of salaries for LPNs and CNAs.
  - The facility Quality of Life Committee has discussed ways to increase staff recognition to support staff morale. Staff was pleased with the number and types of activities that occurred during Nursing Appreciation Week.
  - Regular employee forums are now held.
- The most frequent responses by staff regarding what they like most about their job were:
  - Working with the residents (7)
  - Sense of “family” with their co-workers (5)
  - Efforts valued by supervisors (4)
- The most frequent responses by staff regarding what they like least about their job were:
  - Salary (7)
  - Few opportunities for advancement (3)

**Recommendation: None**

### **Finding 3: Staffing ratios (1:3) were consistent with facility expectations and provided for RN coverage on each unit.**

- While HWDMC has not experienced the same difficulties recruiting and retaining qualified staff as other facilities, contract nurses are used to assure adequate coverage and decrease the facility’s reliance on overtime.

- Many of the staff at the facility have an extended history of service within the organization. The average years of employment for the 8 direct care staff interviewed was 17 years.
- Staffing patterns on the day of the inspection were as follows:
  - The number of staff on duty on 2 North for 11 residents was 4.5. This included 2 LPNs, 2 DSAs, and .5 RN.
  - The number of staff on duty on 2 South for 14 residents was 5.5. This included 2 LPNs, 3 DSAs, and .5 RN.
  - The number of staff on duty on 3 North for 18 residents was 5.5. This included 1 LPNs, 4 DSAs, and .5 RN.
  - The number of staff on duty on 3 South for 20 residents was 6.5. This included 2 LPNs, 4 DSAs, and .5 RN.
- There was an additional RN assigned to each floor, whose primary function was to oversee the skilled care. One RN position was shared across the two units for each floor and is included in the staffing count noted above.
- One resident was on 1:1 but the staff providing coverage was from the originating facility.

**Recommendation: None**

### **ENVIRONMENT OF CARE**

#### **Finding 4: A number of staff initiatives are guided by recovery-oriented principles.**

- In order to maximize independent functioning in the least restrictive manner, the facility has started a protective device reduction initiative. This initiative includes a review of all residents with protective devices and the establishment of care plans for active reduction in usage. Direct care staff played an integral role in developing this project.
- Treatment teams have been exploring with community providers, family members and/or LAR (legally authorized representatives) methods for providing increased opportunities for residents to participate in community activities, including day treatment programs.
- Rehabilitation staff has been exploring ways to increase residents' adaptive and restorative skills to enable increased self-care within the facility and facilitate eventual successful community integration.
- Treatment teams have explored the options of discharging residents to community settings such as nursing care facilities closer to the resident's natural supports

**Recommendation: None**

#### **Finding 5: The facility's mission does not reflect the current DMHMRSAS emphasize on increasing community integration and other recovery-oriented principles.**

- The facility's mission was revised over the past year. The new mission is:

*To provide comprehensive healthcare for Virginians with multiple mental and physical disabilities.*

- All direct care staff interviewed were able to describe the facility's mission.
- Six of the eight direct care staff interviewed reported effective communication, teamwork and trust as values that guide professional practice within the organization. They report that these values are often stressed in team and departmental meetings.
- A number of staff had on facility T-shirts that had the slogan: HWDMC means Helping With Dedication, Merit, and Compassion. When asked about the garment, the majority stated they liked having the shirt because it visibly unified the staff and also punctuated the pride they feel about the work they perform.

**Recommendation:** It is recommended that HWDMC review its mission and organizational value statements and make changes needed to assure consistency with the system-wide vision statement adopted by DMHMRSAS that calls for a system guided by the principles of self-determination and recovery.

***DMHMRSAS Response:** The Hiram Davis leadership team (Performance Improvement Steering Council) has been drafting and revising the facility's Mission, Vision and Values. The Department's principles of recovery, resilience, and self-determination will be included in the medical center's documents by February 1, 2007. Upon completion, the new HDMC Mission, Vision and Values statements will be presented to, and discussed with, all staff. Staff will document attendance and receipt of copy on a sign-in sheet. Completion of the educational component is anticipated by April 1, 2007. Ten percent random interviews of all staff will be done on a quarterly basis. Documentation will be maintained as part of the Quality Assurance system. Interviews are to be completed prior to Quarterly Quality Assurance meetings.*

**Finding 6: The facility was clean and well maintained.**

- Housekeeping staff was on every unit. Interviews with both cleaning and direct care staff revealed that units are often cleaned several times throughout the day, depending upon the need.
- Staff praised the efforts of maintenance personnel in completing necessary maintenance in a timely manner.
- The toileting/shower rooms and bedrooms were clean and odor free.
- Efforts to make this institutional setting more homelike were noted, through the use of color, lights, plants and personal items.
- Even though each unit has communal hospital style rooms that can house up to four persons, each person's area was personalized.

**Recommendation: None**